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Attorney or State Bar N	Party Name, Address, Phone & Fax Nos., lo. & Email	FOREOUR USE ONLY
Benjamin H		
Bar Number Nexus Bank		
3090 Bristol	Street #400	
	a, CA 92626 9) 312-1377	
Email: ben@	@nexusbk.com	
	r(s) appearing without an attorney	
✓ Attorne	ey for Debtor(s)	
		ankruptcy Court ornia - Riverside Division
In re:	N. II	CASE NO.:
Stephen Ja	ames Noble	CHAPTER: Chapter 7
		DEGLADATION BY DEDTOR(O)
		DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED
		FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
		DATE
		[11 U.S.C. § 521(a)(1)(B)(iv)]
	Debtor(s).	[No hearing required]
		d from an employer within 60 days of the Debtor(s) filing this bankruptcy case
(Petition Date	e), as required by 11 U.S.C. § 521(a)(1)(B)(iv):	
Declaratio	on of Debtor 1	
1. ☑ Ian	m Debtor 1 in this case, and I declare under penalty of perjury that the	ne following information is true and correct:
Du	ring the 60-day period before the Petition Date (<u>Check only ON</u>	E box below):
⊴	I was paid by an employer. Attached are copies of all statements employment income I received from my employer during this 60-d number or bank account is on a pay stub or other proof of income	of earnings, pay stubs, or other proof of
	number of bank account is of a pay stab of other proof of income number(s) before filing this declaration.)	
		, the Debtor must cross out (redact) the
	number(s) before filing this declaration.)	, the Debtor must cross out (redact) the
Date: <u>02/27</u>	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer. I was not paid by an employer because I was either self-employer. I was not paid by an employer because I was either self-employer. I was not paid by an employer because I was either self-employer.	d only, or not employed.
Date: <u>02/27</u>	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer	, the Debtor must cross out (redact) the
	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer. I was not paid by an employer because I was either self-employer. I was not paid by an employer because I was either self-employer. I was not paid by an employer because I was either self-employer.	d only, or not employed.
Declaratio	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer Stephen James Noble Printed name of Debtor 1 on of Debtor 2 (Joint Debtor) (if applicable)	d only, or not employed. Jignature of Debtor 1
Declaratio	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer 7/2025 Stephen James Noble Printed name of Debtor 1	d only, or not employed. Jignature of Debtor 1
Declaratio 2. ☐ I ar	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer Stephen James Noble Printed name of Debtor 1 on of Debtor 2 (Joint Debtor) (if applicable)	the Debtor must cross out (redact) the d only, or not employed. ignature of Debtor 1 ie following information is true and correct:
Declaratio 2. ☐ I ar	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employer Stephen James Noble Printed name of Debtor 1 on of Debtor 2 (Joint Debtor) (if applicable) m Debtor 2 in this case, and I declare under penalty of perjury that the	d only, or not employed. dignature of Debtor 1 de following information is true and correct: E box below): of earnings, pay stubs, or other proof of ay period. (If the Debtor's social security
Declaratio 2. ☐ I ar	number(s) before filing this declaration.) I was not paid by an employer because I was either self-employed. Stephen James Noble Printed name of Debtor 1 on of Debtor 2 (Joint Debtor) (if applicable) m Debtor 2 in this case, and I declare under penalty of perjury that the uning the 60-day period before the Petition Date (Check only ON I was paid by an employer. Attached are copies of all statements employment income I received from my employer during this 60-day number or bank account is on a pay stub or other proof of income	the Debtor must cross out (redact) the donly, or not employed. In dignature of Debtor 1 The following information is true and correct: The box below is the Debtor's social security in the Debtor must cross out (redact) the donly information is true and correct.
Declaratio 2. ☐ I ar	I was not paid by an employer because I was either self-employed. Stephen James Noble Printed name of Debtor 1 On of Debtor 2 (Joint Debtor) (if applicable) m Debtor 2 in this case, and I declare under penalty of perjury that the period before the Petition Date (Check only ON) I was paid by an employer. Attached are copies of all statements employment income I received from my employer during this 60-denumber or bank account is on a pay stub or other proof of income number(s) before filing this declaration.)	the Debtor must cross out (redact) the donly, or not employed. In dignature of Debtor 1 The following information is true and correct: The box below is the Debtor's social security in the Debtor must cross out (redact) the donly information is true and correct.

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Name: Employee ID: Pay Period Begin:	Stephen Noble 0075356713 12/22/2024	Check #: Check Date: Curr Tot Hrs \	**VC 01/0	DID** 2/2025	401k Befo 401k Afte Average	ore TAX: er TAX:	0.00% 0.00% 40	145, HROC 1-800-394-1	TARGET
Pay Period End:	12/28/2024	Total Hours Y	TD: 2637	7.43					
		Gross Pay	Pre Ta	x Deductions	Emp	loyee Taxes	Post	Tax Deductions	Net Pay
Current		2,230.23		145.46		301.68		0.00	1,783.09
YTD		2,230.23		145.46		301.68		0.00	1,783.09
		Earnings						Employee Taxes	
Description	Dates	Hours	Rate	Amount	YTD	Description		Amou	nt YTD
CA DC Walk Prem	12/22/2024 - 12/28/2024	0.27	40.02	10.81	10.81	OASDI		129.2	26 129.26
CA DC Walk Time	12/22/2024 - 12/28/2024		26.25	10.50	10.50			30.2	
Holiday	12/22/2024 - 12/28/2024		26.25	301.88	301.88			46.7	
LIFE	12/22/2024 - 12/28/2024		0	0.08		State Tax - 0		70.3	
Overtime	12/22/2024 - 12/28/2024		40.02	422.22	422.22		SDI	25.0	02 25.02
Regular	12/22/2024 - 12/28/2024 12/22/2024 - 12/28/2024		26.25 2	619.50 69.10	619.50 69.10				
Shift Rate (\$2.00) WOKDblTm	12/22/2024 - 12/28/2024		53.78	129.08	129.08				
WrkOutKey	12/22/2024 - 12/28/2024		40.02	667.14	667.14	1			
						Employee Ta	axes	301.6	68 301.68
Earnings				2,230.31	2,230.31				
	Pre 1	ax Deductions					Po	st Tax Deductions	
Description			Amoun	t	YTD	Description		Amou	nt YTD
DENTAL			13.25	5	13.25				
Medical			129.81		129.81				
Eyewear			2.40)	2.40				
Total			145.46	i	145.46	Total		0.0	0.00
			Federal		State			Taxable Wages	
Marital Status		Married filin	g jointly (or		Married	Description		Amou	
			widow(er))			OASDI		2,084.8	,
Allowances			0		0	Medicare	L - 1-0	2,084.8	
Additional Withholdin	ng		0		0	Federal With State Tax - 0	-	2,084.8 2,084.8	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	me Off Plans				Joiale Tax - C	<i>7</i> 7	2,084.8	2,004.85
Description	111	Accrued		Reduced	Available	-			
·			'			1			
Sick Vacation		1.80 0.00		0.00 0.00	68.79 0.14				
vacation		0.00							
			•	ent Information					
Bank	Account Name			ount Number		Reference	ID		Amount
Wells Fargo	Wells Fargo ***	***5737	****	**5737		079166485	5	1	1,783.09 USD

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 12/29/2024 01/04/2025	•	Check #: Check Date: Curr Tot Hrs W Total Hours YT	orked: 53.99	9/2025 9	401k Befo 401k Afte Average I	r TAX:	0.00% 0.00% 40	7	TARGET
			Gross Pay	Pre Tax	Deductions	Emp	loyee Taxes	Post Tax	Deductions	Net Pay
Current			2,235.97		145.46		303.26		0.00	1,787.25
YTD			4,466.20		290.92		604.94		0.00	3,570.34
		Ea	arnings					Emp	ployee Taxes	
Description	Dates		Hours	Rate	Amount	YTD	Description		Amount	YTD
CA DC Walk Prem	12/29/2024	- 01/04/2025	0.27	40.02	10.81	21.62	OASDI		129.62	258.88
CA DC Walk Time		- 01/04/2025	0.4	26.25	10.50		Medicare		30.31	60.54
Holiday		- 01/04/2025	11.5	26.25	301.88	603.76			47.47	94.25
LIFE		- 01/04/2025	0	0	0.08	0.16			70.77	141.16
Overtime		- 01/04/2025	10.52	40.02	421.02	843.24	CA SDI - CA	SDI	25.09	50.11
Regular		- 01/04/2025	23.6	26.25	619.50	1,239.00				
Shift Rate (\$2.00)		- 01/04/2025	34.52	2	69.04	138.14				
WOKDblTm WrkOutKey		- 01/04/2025 - 01/04/2025	2.53 16.67	53.78 40.02	136.08 667.14	265.16 1,334.28				
							Employee Ta	axes	303.26	604.94
Earnings					2,236.05	4,466.36				
Ŭ		D., T.,								
		Pre rax	Deductions					Post T	Tax Deductions	
Description		Pre rax	Deductions	Amount		YTD	Description	Post T	Tax Deductions Amount	YTD
Description DENTAL		Pre Tax	Deductions	Amount 13.25		YTD 26.50	Description	Post T		YTD
		Pre Tax	Deductions				Description	Post T		YTD
DENTAL		Pre Lax	Deductions	13.25		26.50	Description	Post T		YTD
DENTAL Medical		Pre lax	Deductions	13.25 129.81		26.50 259.62	·	Post T		YTD 0.00
DENTAL Medical Eyewear		Pre lax	Deductions	13.25 129.81 2.40 145.46		26.50 259.62 4.80 290.92	·		Amount	
DENTAL Medical Eyewear Total		Pre lax		13.25 129.81 2.40 145.46 Federal		26.50 259.62 4.80 290.92 State	·		Amount	
DENTAL Medical Eyewear		Pre lax	Married filing Qualifying v	13.25 129.81 2.40 145.46 Federal jointly (or		26.50 259.62 4.80 290.92	Total		Amount 0.00 cable Wages	0.00
DENTAL Medical Eyewear Total Marital Status		Pre lax	Married filing	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er))		26.50 259.62 4.80 290.92 State	Total Description OASDI Medicare	Тах	0.00 sable Wages Amount 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status Allowances	og.	Pre lax	Married filing	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0		26.50 259.62 4.80 290.92 State Married	Total Description OASDI Medicare Federal With	Tax	0.00 able Wages Amount 2,090.59 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status	ng		Married filing Qualifying v	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er))		26.50 259.62 4.80 290.92 State Married	Total Description OASDI Medicare	Tax	0.00 sable Wages Amount 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdir	ng		Married filing Qualifying v Off Plans	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0		26.50 259.62 4.80 290.92 State Married 0	Total Description OASDI Medicare Federal With	Tax	0.00 able Wages Amount 2,090.59 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdir Description	ng		Married filing Qualifying v Off Plans Accrued	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	Reduced	26.50 259.62 4.80 290.92 State Married 0 0	Total Description OASDI Medicare Federal With	Tax	0.00 able Wages Amount 2,090.59 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdir	ng		Married filing Qualifying v Off Plans	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0		26.50 259.62 4.80 290.92 State Married 0	Total Description OASDI Medicare Federal With	Tax	0.00 able Wages Amount 2,090.59 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdir Description Sick	ng		Married filing Qualifying v Off Plans Accrued 1.80	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	teduced	26.50 259.62 4.80 290.92 State Married 0 0	Total Description OASDI Medicare Federal With	Tax	0.00 able Wages Amount 2,090.59 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44 4,175.44
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdir Description Sick			Married filing Qualifying v Off Plans Accrued 1.80	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0 0	Reduced 0.00 0.00	26.50 259.62 4.80 290.92 State Married 0 0	Total Description OASDI Medicare Federal With	Tax holding :A	0.00 able Wages Amount 2,090.59 2,090.59 2,090.59	0.00 YTD 4,175.44 4,175.44 4,175.44 4,175.44

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 01/05/2025 01/11/2025	Check #: Check Date: Curr Tot Hrs W Total Hours YT	orked: 42.41	6/2025 I	401k Befo 401k Afte Average I	r TAX:	0.00% 0.00% 40	Т	ARGET
		Gross Pay	Pre Tax	Deductions	Emp	loyee Taxes	Post Tax [Deductions	Net Pay
Current		1,603.42		145.46		162.38		0.00	1,295.58
YTD		6,069.62		436.38		767.32		0.00	4,865.92
		Earnings					Empl	oyee Taxes	
Description	Dates	Hours	Rate	Amount	YTD	Description		Amount	YTD
CA DC Walk Time	01/05/2025 - 01/11/2025	0.53	26.25	13.92	34.92			90.40	349.28
LIFE	01/05/2025 - 01/11/2025		0	0.08	0.24			21.15	81.69
Overtime	01/05/2025 - 01/11/2025		39.92	378.45		Federal With		0.00	94.25
Regular	01/05/2025 - 01/11/2025		26.25	850.50	,	State Tax - 0		33.34	174.50
Shift Rate (\$2.00) Sick	01/05/2025 - 01/11/2025		2 27.34	46.14	184.28 314.41	CA SDI - CA	SDI	17.49	67.60
CA DC Walk Prem	01/05/2025 - 01/11/2025	11.5	27.34	314.41	21.62				
Holiday					603.76				
WOKDblTm					265.16				
WrkOutKey					1,334.28				
						Employee T	axes	162.38	767.32
Earnings				1,603.50	6,069.86				
	Pre 7	ax Deductions					Post Ta	x Deductions	
Description			Amount		YTD	Description		Amount	YTD
DENTAL			13.25		39.75				
Medical			129.81		389.43				
Eyewear			2.40		7.20				
					7.20				
Total			145.46			Total		0.00	0.00
Total			145.46 Federal			Total	Taxa	0.00 ble Wages	0.00
Total Marital Status		Married filing	Federal		436.38	Total Description	Taxa		0.00 YTD
		Married filing Qualifying w	Federal jointly (or		436.38 State	Description OASDI	Taxa	ble Wages Amount 1,458.04	YTD 5,633.48
			Federal jointly (or		436.38 State	Description OASDI Medicare		Amount 1,458.04 1,458.04	YTD 5,633.48 5,633.48
Marital Status Allowances	q		Federal jointly (or ridow(er))		436.38 State Married	Description OASDI Medicare Federal With	holding	Amount 1,458.04 1,458.04 1,458.04	YTD 5,633.48 5,633.48 5,633.48
Marital Status		Qualifying w	Federal jointly (or ridow(er))		436.38 State Married 0	Description OASDI Medicare	holding	Amount 1,458.04 1,458.04	YTD 5,633.48 5,633.48
Marital Status Allowances Additional Withholdin		Qualifying w	Federal jointly (or ridow(er)) 0	Peduced.	436.38 State Married 0 0	Description OASDI Medicare Federal With	holding	Amount 1,458.04 1,458.04 1,458.04	YTD 5,633.48 5,633.48 5,633.48
Marital Status Allowances Additional Withholdin Description		Qualifying with the open control of the open c	Federal jointly (or ridow(er)) 0 0	leduced	436.38 State Married 0 0	Description OASDI Medicare Federal With	holding	Amount 1,458.04 1,458.04 1,458.04	YTD 5,633.48 5,633.48 5,633.48
Marital Status Allowances Additional Withholdin		Qualifying w	Federal jointly (or ridow(er)) 0 0	Reduced 11.50 0.00	436.38 State Married 0 0	Description OASDI Medicare Federal With	holding	Amount 1,458.04 1,458.04 1,458.04	YTD 5,633.48 5,633.48 5,633.48
Marital Status Allowances Additional Withholdin Description Sick		Qualifying we nee Off Plans Accrued 1.42	Federal jointly (or vidow(er)) 0 0	11.50	436.38 State Married 0 0 Available 60.51	Description OASDI Medicare Federal With	holding	Amount 1,458.04 1,458.04 1,458.04	YTD 5,633.48 5,633.48 5,633.48
Marital Status Allowances Additional Withholdin Description Sick		Qualifying we nee Off Plans Accrued 1.42	Federal jointly (or vidow(er)) 0 0 R	11.50 0.00	436.38 State Married 0 0 Available 60.51	Description OASDI Medicare Federal With	holding A	Amount 1,458.04 1,458.04 1,458.04	YTD 5,633.48 5,633.48 5,633.48 5,633.48

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 01/12/2025 01/18/2025	Check #: Check Date: Curr Tot Hrs V Total Hours Y	Vorked: 16.35	/2025	401k Befo 401k Afte Average H	r TAX:	0.00% 0.00% 40	1	ARGET
		Gross Pay	Pre Tax	Deductions	Emp	loyee Taxes	Post Tax	x Deductions	Net Pay
Current		1,106.01		145.46		99.24		0.00	861.31
YTD		7,175.63		581.84		866.56		0.00	5,727.23
		Earnings					Em	ployee Taxes	
Description	Dates	Hours	Rate	Amount	YTD	Description		Amount	YTD
CA DC Walk Time	01/12/2025 - 01/18/2025	0.27	26.25	7.09	42.01	OASDI		59.55	408.83
LIFE	01/12/2025 - 01/18/2025		0	0.08		Medicare		13.92	95.61
Overtime	01/12/2025 - 01/18/2025		40.38	104.99		Federal With		0.00	94.25
Regular	01/12/2025 - 01/18/2025		26.25	353.85		State Tax - 0		14.24	188.74
Shift Rate (\$2.00)	01/12/2025 - 01/18/2025		20.05	32.70		CA SDI - CA	SDI	11.53	79.13
Sick CA DC Walk Prem	01/12/2025 - 01/18/2025	21.5	28.25	607.38	921.79 21.62				
Holiday					603.76				
WOKDblTm					265.16				
WrkOutKey					1,334.28				
						Employee T	axes	99.24	866.56
Earnings	Pre °	Fax Deductions		1,106.09	7,175.95				
D		lax Deductions			,		Post ⁻	Tax Deductions	
Description		Tax Deductions	Amount			Description	Post ⁻	Tax Deductions Amount	YTD
Description DENTAL		Tax Deductions	Amount		YTD	Description	Post ⁻	Tax Deductions Amount	YTD
DENTAL Medical		TAX Deductions	Amount 13.25 129.81			Description	Post ⁻		YTD
DENTAL		ax Deductions	13.25		YTD 53.00	Description	Post [*]		YTD
DENTAL Medical		ax Deductions	13.25 129.81		YTD 53.00 519.24 9.60	Description Total	Post		YTD 0.00
DENTAL Medical Eyewear		ax Deductions	13.25 129.81 2.40		YTD 53.00 519.24 9.60	·		Amount	0.00
DENTAL Medical Eyewear		Married filing	13.25 129.81 2.40 145.46 Federal		YTD 53.00 519.24 9.60	Total		0.00 xable Wages Amount	0.00 YTD
DENTAL Medical Eyewear			13.25 129.81 2.40 145.46 Federal		YTD 53.00 519.24 9.60 581.84 State	Total Description OASDI		0.00 xable Wages Amount 960.63	0.00 YTD 6,594.11
DENTAL Medical Eyewear		Married filing	13.25 129.81 2.40 145.46 Federal		YTD 53.00 519.24 9.60 581.84 State	Total Description OASDI Medicare	Tax	0.00 xable Wages Amount 960.63 960.63	0.00 YTD 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status		Married filing	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er))		9.60 581.84 State	Total Description OASDI Medicare Federal With	Ta: holding	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances	ıg	Married filing Qualifying	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0		9.60 581.84 State Married	Total Description OASDI Medicare	Ta: holding	0.00 xable Wages Amount 960.63 960.63	0.00 YTD 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin	ıg	Married filinç Qualifying me Off Plans	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0	odunod	9.60 581.84 State Married	Total Description OASDI Medicare Federal With	Ta: holding	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description	ıg	Married filing Qualifying me Off Plans Accrued	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0	educed	9.60 581.84 State Married 0 0	Total Description OASDI Medicare Federal With	Ta: holding	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description Sick	ıg	Married filing Qualifying me Off Plans Accrued 0.55	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0	21.50	9.60 519.24 9.60 581.84 State Married 0 0 Available 39.56	Total Description OASDI Medicare Federal With	Ta: holding	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description	ıg	Married filing Qualifying me Off Plans Accrued	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0		9.60 581.84 State Married 0 0	Total Description OASDI Medicare Federal With	Ta: holding	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description Sick	ıg	Married filing Qualifying me Off Plans Accrued 0.55	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0	21.50	9.60 519.24 9.60 581.84 State Married 0 0 Available 39.56	Total Description OASDI Medicare Federal With	Ta: holding	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description Sick	ıg	Married filing Qualifying me Off Plans Accrued 0.55	13.25 129.81 2.40 145.46 Federal g jointly (or widow(er)) 0 0	21.50 0.00	9.60 519.24 9.60 581.84 State Married 0 0 Available 39.56	Total Description OASDI Medicare Federal With	Ta: holding :A	0.00 xable Wages Amount 960.63 960.63 960.63	0.00 YTD 6,594.11 6,594.11 6,594.11

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 01/19/2025 01/25/2025	Check #: Check Date: Curr Tot Hrs W Total Hours YT	orked: 42.35)/2025 ;	401k Befo 401k Afte Average I	r TAX:	0.00% 0.00% 40		T	ARGET
		Gross Pay	Pre Tax	Deductions	Emp	loyee Taxes	Post	Tax Deductions		Net Pay
Current		1,600.89		145.46		162.04		0.00		1,293.39
YTD		8,960.14		727.30		1,044.86		0.00		7,187.98
		Earnings					i i	Employee Taxes	;	
Description	Dates	Hours	Rate	Amount	YTD	Description		Į.	Amount	YTD
CA DC Walk Time	01/19/2025 - 01/25/202		26.25	13.92	55.93	OASDI			90.24	510.46
LIFE	01/19/2025 - 01/25/202		0	0.08	0.40	Medicare			21.10	119.38
Overtime	01/19/2025 - 01/25/202 01/19/2025 - 01/25/202		39.92 26.25	376.06 850.50	3,293.85	Federal With State Tax -			0.00 33.23	94.25 221.97
Regular Shift Rate (\$2.00)	01/19/2025 - 01/25/202		20.25	46.00	262.98	CA SDI - CA			33.23 17.47	98.80
Sick	01/19/2025 - 01/25/202		27.34	314.41	1,419.82	O/(ODI O/	ODI		17.47	30.00
CA DC Walk Prem					21.62					
Holiday					603.76					
WOKDblTm					265.16					
WrkOutKey					1,334.28					
						Employee T	axes		162.04	1,044.86
Earnings				1,600.97	8,960.54					
Earnings	Pre	Tax Deductions		1,600.97	8,960.54		Po	st Tax Deductior	าร	
Description	Pre	Tax Deductions	Amount	1,600.97	YTD	Description	Po		ns Amount	YTD
Description DENTAL	Pre	Tax Deductions	13.25	1,600.97	YTD 66.25	Description	Po			YTD
Description DENTAL Medical	Pre	Tax Deductions	13.25 129.81	1,600.97	YTD 66.25 649.05	Description	Ро			YTD
Description DENTAL	Pre	Tax Deductions	13.25	1,600.97	YTD 66.25	Description	Ро			YTD
Description DENTAL Medical	Pre	Tax Deductions	13.25 129.81	1,600.97	YTD 66.25 649.05	Description Total	Ро			YTD
Description DENTAL Medical Eyewear	Pre	Tax Deductions	13.25 129.81 2.40	1,600.97	YTD 66.25 649.05 12.00	Total		Faxable Wages	Amount 0.00	0.00
Description DENTAL Medical Eyewear	Pre	Tax Deductions Married filing	13.25 129.81 2.40 145.46 Federal	1,600.97	YTD 66.25 649.05 12.00	Total		Taxable Wages	0.00	0.00 YTD
Description DENTAL Medical Eyewear	Pre		13.25 129.81 2.40 145.46 Federal jointly (or	1,600.97	YTD 66.25 649.05 12.00 727.30 State	Total Description OASDI		Taxable Wages 1,	0.00 Amount 455.51	0.00 YTD 8,233.24
Description DENTAL Medical Eyewear	Pre	Married filing	13.25 129.81 2.40 145.46 Federal jointly (or	1,600.97	YTD 66.25 649.05 12.00 727.30 State	Total Description OASDI Medicare		Taxable Wages 1, 1,	0.00 Amount 455.51 455.51	0.00 YTD 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status		Married filing	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er))	1,600.97	YTD 66.25 649.05 12.00 727.30 State Married	Total Description OASDI Medicare Federal With	holding	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51 455.51	0.00 YTD 8,233.24 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status Allowances	ıg	Married filing Qualifying v	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	1,600.97	YTD 66.25 649.05 12.00 727.30 State Married	Total Description OASDI Medicare	holding	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51	0.00 YTD 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status Allowances	ıg	Married filing	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	1,600.97	YTD 66.25 649.05 12.00 727.30 State Married	Total Description OASDI Medicare Federal With	holding	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51 455.51	0.00 YTD 8,233.24 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin	ıg	Married filing Qualifying v me Off Plans	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	educed 11.50	YTD 66.25 649.05 12.00 727.30 State Married 0 0	Total Description OASDI Medicare Federal With	holding	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51 455.51	0.00 YTD 8,233.24 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description	ıg	Married filing Qualifying v me Off Plans Accrued	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	educed	YTD 66.25 649.05 12.00 727.30 State Married 0 0	Total Description OASDI Medicare Federal With	holding	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51 455.51	0.00 YTD 8,233.24 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description Sick	ıg	Married filing Qualifying v me Off Plans Accrued 1.42	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	educed 11.50	YTD 66.25 649.05 12.00 727.30 State Married 0 0 Available 22.98	Total Description OASDI Medicare Federal With	holding	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51 455.51	0.00 YTD 8,233.24 8,233.24 8,233.24
Description DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdin Description Sick	ıg	Married filing Qualifying v me Off Plans Accrued 1.42 3.25	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0 0	educed 11.50 0.00	YTD 66.25 649.05 12.00 727.30 State Married 0 0 Available 22.98	Total Description OASDI Medicare Federal With	holding CA	Taxable Wages 1, 1, 1,	0.00 Amount 455.51 455.51 455.51	0.00 YTD 8,233.24 8,233.24 8,233.24 8,233.24

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 01/26/2025 02/01/2025	Check #: Check Date: Curr Tot Hrs W Total Hours YT	orked: 38.13	5/2025 3	401k Befo 401k Afte Average I	r TAX:	0.00% 0.00% 40	7	TARGET
		Gross Pay	Pre Tax	Deductions	Emp	loyee Taxes	Post Tax	x Deductions	Net Pay
Current		1,333.99		145.46		126.67		0.00	1,061.86
YTD		10,294.13		872.76		1,171.53		0.00	8,249.84
		Earnings					Em	ployee Taxes	
Description	Dates	Hours	Rate	Amount	YTD	Description		Amount	YTD
CA DC Walk Time	01/26/2025 - 02/01/20		26.25	13.92		OASDI		73.69	584.15
LIFE	01/26/2025 - 02/01/20		0	0.08	0.48			17.24	136.62
Overtime	01/26/2025 - 02/01/20 01/26/2025 - 02/01/20		40.12 26.25	311.74 783.04		Federal With State Tax -		0.00 21.48	94.25 243.45
Regular Shift Rate (\$2.00)	01/26/2025 - 02/01/20		20.23	763.04 56.90	319.88	l .		14.26	113.06
Sick	01/26/2025 - 02/01/20		27.74	168.39	1,588.21	CA SDI - CA	NOD!	14.20	113.00
CA DC Walk Prem					21.62				
Holiday					603.76				
WOKDblTm					265.16				
WrkOutKey					1,334.28				
						Employee T	axes	126.67	1,171.53
Earnings				1,334.07	10,294.61				
g	Pi	re Tax Deductions		.,			Post ⁻	Tax Deductions	
Description		o rax Boddollorio	Amount		YTD	Description	1 001	Amount	YTD
DENTAL			13.25		79.50				
Medical			129.81		778.86				
Eyewear			2.40		14.40				
Total			145.46		872.76	Total		0.00	0.00
			Federal		State		Tax	xable Wages	
Marital Status		Married filing			Married	Description		Amount	YTD
		Qualifying w	vidow(er))			OASDI		1,188.61	9,421.85
Allowances			0		0	Medicare Federal With	holding	1,188.61 1,188.61	9,421.85 9,421.85
Additional Withholding	g		0		0	State Tax - 0		1,188.61	9,421.85
		Time Off Plans					- •	.,	-, .250
Description		Accrued	F	teduced	Available	1			
Sick Vacation		1.28 2.38		6.07 0.00	18.19 14.25	1			
			Pavme	nt Information					
Bank	Account Nar	me	-	unt Number		Reference	ID	Δm	ount
				*5737					
Wells Fargo	Wells Fargo	5/3/		3/3/		08057665	I	1,061	1.86 USD

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 02/02/2025 02/08/2025	Check #: Check Date: Curr Tot Hrs W Total Hours YT		2025	401k Befo 401k Afte Average I	r TAX:	0.00% 0.00% 40		TARGET
		Gross Pay	Pre Tax	Deductions	Fmn	loyee Taxes	Post T	ax Deductions	Net Pay
Current		1,348.49	1 TO TUX	145.46	Emp	128.60	1 000 1	0.00	1,074.43
YTD		11,642.62		1,018.22		1,300.13		0.00	9,324.27
	,	arnings		.,		.,		mployee Taxes	5,02
Description	Dates	Hours	Rate	Amount	VTD	Description	L	Amount	YTD
CA DC Walk Time	02/02/2025 - 02/08/2025	0.53	26.25	13.92	83.77			74.60	658.75
LIFE	02/02/2025 - 02/08/2025	0.55	0	0.08		Medicare		17.44	154.06
Overtime	02/02/2025 - 02/08/2025	10.38	40.15	416.77		Federal With	holding	0.00	94.25
Regular	02/02/2025 - 02/08/2025	32.4	26.25	850.50		State Tax - 0		22.12	265.57
Shift Rate (\$2.00)	02/02/2025 - 02/08/2025	33.65	2	67.30		CA SDI - CA	SDI	14.44	127.50
CA DC Walk Prem					21.62				
Holiday					603.76				
Sick					1,588.21				
WOKDblTm					265.16				
WrkOutKey					1,334.28				
						Employee T	axes	128.60	1,300.13
Earnings									
Earnings				1 2/0 E7	11 612 10				
	D. T.	5.1.0		1,348.57	11,643.18		5	· T. D. L. ć	
D :::	Pre Ta	x Deductions		1,348.57	·		Pos	t Tax Deductions	VED
Description	Pre Ta	x Deductions	Amount	1,348.57	YTD	Description	Pos	t Tax Deductions Amount	YTD
DENTAL	Pre Ta	x Deductions	13.25	1,348.57	YTD 92.75	Description	Pos		YTD
DENTAL Medical	Pre Ta	x Deductions	13.25 129.81	1,348.57	YTD 92.75 908.67	Description	Pos		YTD
DENTAL	Pre Ta	x Deductions	13.25	1,348.57	YTD 92.75	Description	Pos		YTD
DENTAL Medical	Pre Ta	x Deductions	13.25 129.81	1,348.57	YTD 92.75 908.67	Description	Pos		YTD
DENTAL Medical Eyewear	Pre Ta	x Deductions	13.25 129.81 2.40	1,348.57	YTD 92.75 908.67 16.80	·	Pos	Amount	
DENTAL Medical	Pre Ta	x Deductions	13.25 129.81	1,348.57	YTD 92.75 908.67	Description Total		Amount	YTD 0.00
DENTAL Medical Eyewear	Pre Ta	x Deductions	13.25 129.81 2.40	1,348.57	YTD 92.75 908.67 16.80	Total		Amount 0.00 axable Wages	0.00
DENTAL Medical Eyewear	Pre Ta	Married filing	13.25 129.81 2.40 145.46 Federal jointly (or	1,348.57	YTD 92.75 908.67 16.80	Total Description		0.00 axable Wages Amount	0.00 YTD
DENTAL Medical Eyewear	Pre Ta		13.25 129.81 2.40 145.46 Federal jointly (or	1,348.57	92.75 908.67 16.80 1,018.22 State	Total Description OASDI		0.00 axable Wages Amount 1,203.11	0.00 YTD 10,624.96
DENTAL Medical Eyewear	Pre Ta	Married filing	13.25 129.81 2.40 145.46 Federal jointly (or	1,348.57	92.75 908.67 16.80 1,018.22 State	Total Description OASDI Medicare	Т	0.00 axable Wages Amount 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status		Married filing	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er))	1,348.57	92.75 908.67 16.80 1,018.22 State Married	Total Description OASDI Medicare Federal With	T	0.00 axable Wages Amount 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances	ing	Married filing Qualifying v	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	1,348.57	92.75 908.67 16.80 1,018.22 State Married	Total Description OASDI Medicare	T	0.00 axable Wages Amount 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdi	ing	Married filing Qualifying v e Off Plans	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0		92.75 908.67 16.80 1,018.22 State Married 0	Total Description OASDI Medicare Federal With	T	0.00 axable Wages Amount 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdi Description	ing	Married filing Qualifying v e Off Plans Accrued	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	duced	92.75 908.67 16.80 1,018.22 State Married 0 0	Total Description OASDI Medicare Federal With	T	0.00 axable Wages Amount 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdi Description Sick	ing	Married filing Qualifying v e Off Plans Accrued 1.45	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	iduced	92.75 908.67 16.80 1,018.22 State Married 0 0	Total Description OASDI Medicare Federal With	T	0.00 axable Wages Amount 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdi Description	ing	Married filing Qualifying v e Off Plans Accrued	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	duced 0.00 0.00	92.75 908.67 16.80 1,018.22 State Married 0 0	Total Description OASDI Medicare Federal With	T	0.00 axable Wages Amount 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdi Description Sick	ing	Married filing Qualifying v e Off Plans Accrued 1.45	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0	iduced	92.75 908.67 16.80 1,018.22 State Married 0 0	Total Description OASDI Medicare Federal With	T	0.00 axable Wages Amount 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96
DENTAL Medical Eyewear Total Marital Status Allowances Additional Withholdi Description Sick	ing	Married filing Qualifying v e Off Plans Accrued 1.45	13.25 129.81 2.40 145.46 Federal jointly (or vidow(er)) 0 0	duced 0.00 0.00	92.75 908.67 16.80 1,018.22 State Married 0 0	Total Description OASDI Medicare Federal With	T. holding	0.00 Example Wages Amount 1,203.11 1,203.11 1,203.11 1,203.11	0.00 YTD 10,624.96 10,624.96 10,624.96

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Name: Employee ID: Pay Period Begin:	Stephen Noble 0075356713 02/09/2025 02/15/2025		Check #: Check Date: Curr Tot Hrs W		/2025	401k Befo 401k Afte Average I	r TAX:	0.00% 0.00% 40		TARGET
Pay Period End:	02/15/2025		Total Hours YT	D: 358.9	5					
			Gross Pay	Pre Tax	Deductions	Emp	loyee Taxes	Post	t Tax Deductions	Net Pay
Current			1,611.41		145.46		163.43		0.00	1,302.52
YTD			13,254.03		1,163.68		1,463.56		0.00	10,626.79
		E	arnings						Employee Taxes	
Description	Dates		Hours	Rate	Amount	YTD	Description		Amount	YTD
CA DC Walk Time	02/09/2025	- 02/15/2025	0.67	26.25	17.59	101.36	OASDI		90.89	749.64
LIFE		- 02/15/2025	0	0	0.08	0.64			21.26	175.32
Overtime		- 02/15/2025	10.33	39.96	412.80		Federal With		0.00	94.25
Regular		- 02/15/2025	35.02	26.25	919.28	5,846.67			33.69	299.26
Shift Rate (\$2.00)		- 02/15/2025	26.68	2	53.36	440.54		ASDI	17.59	145.09
Sick Vacation		- 02/15/2025 - 02/15/2025	2.67 5.15	27.41 26.25	73.19 135.19	1,661.40 135.19				
CA DC Walk Prem	02/09/2025	- 02/15/2025	5.15	26.25	133.19	21.62				
Holiday						603.76				
WOKDblTm						265.16	l .			
WrkOutKey						1,334.28	l .			
·						,				
							Employee T	axes	163.43	1,463.56
Earnings					1,611.49	13,254.67				
		Pre Tax	c Deductions		1,011110	10,201101		P	ost Tax Deductions	
Description		11010	Coddollorio	Amount		YTD	Description	•	Amount	YTD
DENTAL				13.25		106.00	Booonplion		7 tinount	115
Medical				129.81		1,038.48				
Eyewear				2.40		19.20				
Total				145.46		1,163.68	Total		0.00	0.00
				Federal		State			Taxable Wages	
Marital Status			Married filing			Married	Description		Amount	YTD
			Qualifying v				OASDI		1,466.03	12,090.99
Allowances			. 0	0		0	Medicare		1,466.03	12,090.99
Additional Withholdin				0		0	Federal With		1,466.03	12,090.99
Additional Withholdin	'Y			U		U	State Tax - 0	CA	1,466.03	12,090.99
		Time	Off Plans							
Description			Accrued	R	educed	Available				
Sick			1.54		2.67	18.51				
Vacation			2.90		5.15	14.34				
				Paymer	nt Information					
Bank	Ac	count Name		Acco	unt Number		Reference	ID	A	mount
Wells Fargo		ells Fargo *****	5737	*****			08106331			02.52 USD

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Name: Employee ID: Pay Period Begin: Pay Period End:	Stephen Noble 0075356713 02/16/2025 02/22/2025		Check #: Check Date: Curr Tot Hrs W Total Hours YT		/2025	401k Befo 401k Afte Average	er TAX:	0.00% 0.00% 40		TARGET
,			Gross Pay		Deductions	Fmn	loyee Taxes	Post	t Tax Deductions	Net Pay
Current			1,123.00	110 142	145.46	Linp	101.12	1 00	0.00	876.42
YTD			14,377.03		1,309.14		1,564.68		0.00	11,503.21
	<u> </u>	F:	arnings		,		,		Employee Taxes	,
Description	Dates	L.	Hours	Rate	Amount	YTD	Description		Amount	YTD
CA DC Walk Time		- 02/22/2025	0.4	26.25	10.50	111.86			60.61	810.25
LIFE		- 02/22/2025	0	0	0.08	0.72	Medicare		14.17	189.49
Overtime		- 02/22/2025	10.5	40.38	424.00		Federal With		0.00	94.25
Regular		- 02/22/2025	23.6	26.25	619.50	6,466.17			14.61	313.87
Shift Rate (\$2.00) CA DC Walk Prem	02/16/2025	- 02/22/2025	34.5	2	69.00	509.54 21.62	CA SDI - CA	ASDI	11.73	156.82
Holiday						603.76				
Sick						1,661.40				
Vacation						135.19				
WOKDblTm						265.16				
WrkOutKey						1,334.28				
							Employee T	axes	101.12	1,564.68
Earnings					1,123.08	14,377.75				
		Pre Tax	Deductions					Р	ost Tax Deductions	
Description				Amount			Description		Amount	YTD
DENTAL				13.25		119.25				
Medical				129.81 2.40		1,168.29 21.60				
Eyewear				2.40		21.00				
Total				145.46		1,309.14	Total		0.00	0.00
				Federal		State			Taxable Wages	
Marital Status			Married filing	jointly (or		Married	Description		Amount	YTD
			Qualifying v				OASDI		977.62	13,068.61
Allowances				0		0	Medicare	الملمطة	977.62	13,068.61
Additional Withholdin	g			0		0	Federal With State Tax - 0		977.62 977.62	13,068.61 13,068.61
		Timo	Off Plans				Joiale Tax - (<i>51</i> 7	911.02	10,000.01
Description		Tille	Accrued	R	educed	Available	1			
Sick			1.15		0.00	19.66	1			
Vacation			1.86		0.00	16.20				
				Paymer	nt Information		•			
Bank	Acc	count Name		Accou	unt Number		Reference	ID	A	mount
Wells Fargo	We	ells Fargo *****	5737	*****	5737		08135583	0	8	76.42 USD